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Bib Data Sheet

CONFIRMATION NO. 2196

<b>SERIAL NUMBER</b> 10/602,522	<b>FILING OR 371(c) DATE</b> 06/24/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> K0347.10U
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**APPLICANTS**

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 Jay Taub, Niskayuna, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/391,002 06/24/2002 *ok oe*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 11/04/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 18 19	<b>INDEPENDENT CLAIMS</b> 2 3 <i>oe</i>
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**ADDRESS**

29633

**TITLE**

Lifting tool for surgical retractors

<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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